



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**MCGEE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	650.00	15901.03
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	686.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	650.00	15214.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	250.17	15389.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	250.17	15389.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	378.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	553.46	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MCGEE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	13022.00
(ii) Unitemized.....	150.00	2879.03
(iii) TOTAL of contributions from individuals ▶	650.00	15901.03
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	650.00	15901.03
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	226.32	2463.11
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	226.32	2463.11
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	876.32	18364.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	250.17	15389.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	686.33	1909.65
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	686.33	1909.65
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	686.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	686.90
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	936.50	17986.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	438.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	876.32
25. SUBTOTAL (add Line 23 and Line 24).....	1314.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	936.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	378.12

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 37  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Karam**

Mailing Address 2333 NE 24 St.

City State Zip Code  
Lighthouse Point FL 33062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Karam Family LLC General Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2016

**Transaction ID : SA11AI.4356**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Zak Kearns**

Mailing Address 9860 Cypress Lake Drive

City State Zip Code  
Ft. Myers FL 33919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kearns Restaurant Group Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2016

**Transaction ID : SA11AI.4365**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2016	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4413</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period _____ 30.90	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1580.79		

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2016	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4414</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period _____ 60.42	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1641.21		

Full Name (Last, First, Middle Initial) <b>C. Andrea Leigh McGee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2016	
Mailing Address 961 NE 27TH AVENUE		<b>Transaction ID : SA13A.4412</b>	
City POMPANO BEACH	State FL	Zip Code 33062	
FEC ID number of contributing federal political committee. C H4FL22086		Amount of Each Receipt this Period _____ 135.00	
Name of Employer Finn Real Estate	Occupation Real Estate Agent		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1776.21		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 226.32
<b>TOTAL</b> This Period (last page this line number only).....	_____ 226.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Trademark Graphic		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>22</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		22		2016
M M	/	D D	/	Y Y Y Y									
07		22		2016									
Mailing Address 2030 NW 93rd Ave		Amount of Each Disbursement this Period											
City	State	Zip Code	<table border="1"> <tr> <td>60.42</td> </tr> </table>	60.42									
60.42													
Pembroke Pines	FL	33024	<input type="checkbox"/> Memo Item										
Purpose of Disbursement Bookmarks		Category/Type	Transaction ID : SB17.4394										
Candidate Name MCGEE FOR CONGRESS		004											
Office Sought:	Disbursement For:												
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: FL	District: 22												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code	<table border="1"> <tr> <td></td> </tr> </table>										
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item										
Candidate Name													
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code	<table border="1"> <tr> <td></td> </tr> </table>										
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item										
Candidate Name													
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>60.42</td> </tr> </table>	60.42
60.42		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td>60.42</td> </tr> </table>	60.42
60.42		

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 40.80 <input type="checkbox"/> Memo Item
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009	Transaction ID : <b>SB19A.4436</b>
Candidate Name <b>MCGEE FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 119.88 <input type="checkbox"/> Memo Item
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009	Transaction ID : <b>SB19A.4437</b>
Candidate Name <b>MCGEE FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>c. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 20.63 <input type="checkbox"/> Memo Item
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009	Transaction ID : <b>SB19A.4438</b>
Candidate Name <b>MCGEE FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	181.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 72.41 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4439</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4440</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) <b>c. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 47.48 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4441</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124.89
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 5,000.00 13.69 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4442</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 5,000.00 27.96 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4443</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

Full Name (Last, First, Middle Initial) <b>c. Andrea Leigh McGee</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 5,000.00 8.48 <input type="checkbox"/> Memo Item <b>Transaction ID : SB19A.4444</b>
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009 Category/Type	
Candidate Name <b>MCGEE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 22	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MCGEE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 60.42
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 001	<input type="checkbox"/> Memo Item
Candidate Name <b>MCGEE FOR CONGRESS</b>		Transaction ID : <b>SB19A.4417</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>B. Andrea Leigh McGee</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 961 NE 27TH AVENUE		Amount of Each Disbursement this Period 269.58
City POMPANO BEACH	State FL	
Zip Code 33062	Purpose of Disbursement 009	<input type="checkbox"/> Memo Item
Candidate Name <b>MCGEE FOR CONGRESS</b>		Transaction ID : <b>SB19A.4418</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	686.33

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4302**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 General  
 Other (specify) ▼

Mailing Address  
 961 NE 27TH AVENUE

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
119.88	119.88	0.00

**TERMS**

Date Incurred: M 04 / D 01 / Y 2016  
 Date Due: M M / D D / Y 12/31/16  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4304**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40.80	40.80	0.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 06 / 2016 M M / D D / 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4324**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPAÑO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
269.58	269.58	0.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 07 / 2016 M M / D D / 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4411**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 General  
 Other (specify) ▼

Mailing Address  
 961 NE 27TH AVENUE

City State ZIP Code  
 POMPAÑO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.86	0.00	25.86

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 07 / Y 2016	M M / D D / Y 12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	25.86
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4406**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address  General  
 961 NE 27TH AVENUE  Other (specify) ▼

City State ZIP Code  
 POMPAN0 BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.12	0.00	19.12

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 04 / D 08 / Y 2016 M M / D D / Y 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**TOTALS** This Period (last page in this line only).....

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4407

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

**Andrea Leigh McGee**

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

17.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17.70

### TERMS

Date Incurred

04 / 08 / 2016

Date Due

12/31/16

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

17.70

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4409**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address  General  
 961 NE 27TH AVENUE  Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23.10	0.00	23.10

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 09 / Y 2016	M M / D D / Y 12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**TOTALS** This Period (last page in this line only).....

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4410**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18.84	0.00	18.84

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 09 / 2016 M M / D D / 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 18.84  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4408

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

19.69

0.00

19.69

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

10

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

19.69

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4300**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
72.41	72.41	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 13 / Y 2016	M M / D D / Y 12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4297**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPAN0 BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27.96	27.96	0.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 15 / 2016 M M / D D / 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 0.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4296**  
**MCGEE FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Andrea Leigh McGee	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13.69	13.69	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 26 / 2016	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4295

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

47.48

47.48

0.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 01 /

Y 2016 Y

M M /

D D /

Y 12/31/16 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

0.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4301**  
**MCGEE FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Andrea Leigh McGee</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	5.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 09 / 2016	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4330**  
**MCGEE FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Andrea Leigh McGee</b>	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
05 / 09 / 2016	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4298

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8.48

8.48

0.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05

18

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

0.00

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4337

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

47.00

0.00

47.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
05 / 18 / 2016

M M / D D / Y Y Y Y  
18 / 05 / 2016

M M / D D / Y Y Y Y  
2016 / 05 / 18

M M / D D / Y Y Y Y  
12/31/16

M M / D D / Y Y Y Y  
12/31/16

M M / D D / Y Y Y Y  
12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

47.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4299**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.63	20.63	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 03 / 2016	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4328

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

Andrea Leigh McGee

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

76.85

0.00

76.85

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

03

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

76.85

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4331**  
**MCGEE FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Andrea Leigh McGee	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 961 NE 27TH AVENUE		

City	State	ZIP Code
POMPANO BEACH	FL	33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2.12	0.00	2.12

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 03 / Y 2016	M M / D D / Y 12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	2.12
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4326**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE General  
 Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40.00	0.00	40.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 12 / Y 2016	M / D / Y 12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	40.00
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4336**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address General  
 961 NE 27TH AVENUE  Other (specify) ▼

City State ZIP Code  
 POMPANO BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52.53	0.00	52.53

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 06 / 12 / 2016 M M / D D / 12/31/16 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 52.53  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4339

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

39.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

39.75

### TERMS

Date Incurred

MM / DD / YYYY  
06 / 22 / 2016

Date Due

MM / DD / YYYY  
12/31/16

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

39.75

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4413**  
**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election: 2016  
**Andrea Leigh McGee**  Primary  
 Mailing Address 961 NE 27TH AVENUE  General  
 Other (specify) ▼

City State ZIP Code  
 POMPAN0 BEACH FL 33062

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.90	0.00	30.90

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
07 / 01 / 2016	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	30.90
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4414

**MCGEE FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

60.42

60.42

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

22

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

0.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4412

**MCGEE FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2016

**Andrea Leigh McGee**

Primary

General

Other (specify) ▼

Mailing Address

961 NE 27TH AVENUE

City

State

ZIP Code

POMPANO BEACH

FL

33062

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

135.00

0.00

135.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

03

2016

12/31/16

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

135.00

**TOTALS** This Period (last page in this line only).....

553.46

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**